

## **Children in Out-of-State (OOS) PMIC Facilities / Children at Risk of OOS PMIC Placement**

### **What Is The Issue?**

Iowa children in need of intensive behavioral health care have been sent out-of-state to intensive residential treatment facilities, known in Iowa as Psychiatric Medical Institutions for Children (PMIC), for years. Though children may also receive in-state PMIC services, many Iowa PMICs have denied admission to children whom they have determined to have needs beyond what their available resources can handle. With no "PMIC provider of last resort" in the state, families have had to admit their children in PMIC facilities out of state, commonly hundreds of miles from their home communities. At any given time, 40-50 children receive PMIC services outside of Iowa for behavioral health care.

The impact is significant on many levels, including:

- ✓ When children are away from their homes, they have significantly less interaction with their family members.
- ✓ The therapeutic interventions necessary for the whole family to participate in are minimal and thus make smooth transition back into the home environment more difficult.
- ✓ Children become disconnected from service providers and other supports in their home communities, including school teachers, therapists, and prescribers. This can contribute to setbacks in school advancement, and a loss of other therapeutic relationships that were in place prior to leaving the community setting.
- ✓ Kids also often lose contact with friends, extended family members and other familiar supports that enrich daily quality of life.
- ✓ Out-of-state PMIC placement is costly from a financial stance as well. The average per diem rate for OOS PMIC care is twice as much as in-state PMIC care.

### **The PMIC Clinical Leadership Workgroup:**

It has been determined that a focused work group is needed, comprised of key stakeholders, to gain an understanding of the clinical and other support needs of each child and youth in out-of-state PMIC care. Magellan Behavioral Care of Iowa is partnering with Iowa Department of Human Services IME and MHDS staff to hold ongoing work group meetings with the clinical leaders of the Iowa PMICs starting in July 2012. The work group plan was presented to PMIC representatives at the legislatively-organized PMIC Transition Committee meeting in May 2012. PMIC representatives were in agreement that such a work group would be beneficial to finding viable solutions to better serve children and youth currently in out-of-state facilities.

### **Work Group Purpose:**

The purpose is to have an active, collaborative discussion and planning forum to formulate "what it would take" to bring children back to Iowa PMIC services (or keep high risk kids from leaving the state) or other alternative services that are closer to their families and communities. The group will adopt a systems-of-care philosophy. This will require the group to take a family-centered approach to determine the resources and treatment needs, with the goal of improving the overall quality of the family's life.

**Step 1.** The first concrete work of the group will be to review the history and current clinical and social support needs of each child/family currently in out-of-state placements. Magellan Care Management staff will provide key clinical information (without client identification) to the clinical leadership group with focused meetings following to discuss strategies for returning the child to Iowa with services and supports intended to help the child and family have successful outcomes. The group will follow a similar process to review clinical information for kids identified as being “at risk” for out-of-state placement with the intent of keeping the child in-state for services. This work will take place on an ongoing basis, likely at a minimum of bi-weekly meetings.

**Step 2.** In addition to review of clinical case information for high risk children and those already in out-of-state placements, the work group will track trending information related to diagnoses, functional and behavioral issues, provider expertise needs, provider barriers to admission of high risk kids, etc. By collecting and reviewing such data, the group can discuss and determine if future development of specialized programs are needed, further specialized trainings should be offered, or if other solutions need to be developed to remove obstacles to admission in-state. Analysis will take place once enough data is available to review for meaningful trends, likely beginning in January 2013.

#### **Work Group Membership Commitment:**

All Iowa PMIC clinical directors were requested to participate in the work group. Members were asked to make a serious commitment to working towards real solutions that would likely require change in their typical daily practice. PMIC representatives agree this process will provide alternative ideas and resources that will allow them to adapt their services better to accommodate high risk kids. There is a shared understanding that the discussion as a collective group of clinical leaders will help generate ideas that might not be gained by working independently.

#### *Participating PMIC membership includes:*

- Boys and Girls Home – Sioux City
- Children and Families of Iowa – Ankeny
- Children’s Square – Council Bluffs
- Four Oaks - Mason City / Cedar Rapids
- Hillcrest Family Services – Dubuque
- Jackson Recovery – Sioux City
- Lutheran Services of Iowa – Ames/Waverly
- MHI - Independence
- Orchard Place - Des Moines
- Tanager Place – Cedar Rapids

#### *Other participants include:*

- Community Circle of Care/NE Iowa Systems of Care project representative
- Orchard Place/Central Iowa Systems of Care project representative
- Iowa Juvenile Court Services
- Iowa DHS IME, MHDS and Field Operations representatives
- Magellan Behavioral Care clinical representatives

### Goal of the PMIC Workgroup:

The goal is to improve the quality of life for children and their families. Specifically, the work group will develop viable plans for helping families move their children closer to home with appropriate services and supports in place. This will likely suggest a need for implementation of new and creative approaches to care to successfully move children and provide quality care needed to producing lasting results for families. In some cases, this might require additional funding from Magellan or other sources to support staff training to boost expertise, support additional staffing or other needed resources not typically covered through the PMIC per diem rate.

### Populations of Focus:

The populations of focus are

- 1.) children and youth that are currently receiving services in out-of- state PMIC services(and not close to their home communities) and
- 2.) children and youth in Iowa PMICs or other high level behavioral health services that are at risk of moving to out-of-state PMICs

### Work Group Functions:

The group will be facilitated by Magellan clinical staff members, including the Clinical Director and the PMIC Care Management staff. The work group will have several functions that will contribute to individual care planning as well as statewide programmatic analysis and planning.

The work group will:

	Function	Mode	Leader
1	Review clinical information of current OOS children	Bi-weekly conference calls	Magellan PMIC Care Management staff
2	Review clinical information of children at risk of OOS placement	E-mail with basic non-PHI information  Conference call, as needed	Magellan PMIC Care Management staff
3	Work group Meeting – Review successful practices, review diagnostic trends, practice trends, problem solve barriers etc.	Bi-monthly, face to face/conf. call	Magellan Clinical
4	Document attendance, minutes of meetings, data, trends, outcomes etc	Written documentation	Magellan Clinical